POCITION	INITIALS	ID NO.	DATE	٦
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FEE DETERMINATION	ME		(427/00-	-
O.I.P.E. CLASSIFIER		49	11/7 100	7
FORMALITY REVIEW		Jank 17	11-20-N	7
RESPONSE FORMALITY REVIEW		1/11/		]
	109	101660	3-150/	
INDEX OF CLAIMS				
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=	Allowed	1	Interference	
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Claim Date	Claim [	Date	Claim Date	
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3 7	52 53	<del>                                     </del>	102	
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9	59		109	
10 10 10 10 10 10 10 10 10 10 10 10 10 1	61 7 7 2		110	
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13			113	
14	64		114	
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22 23	72 73		122	
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29	79		129	
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32	82		132	
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34	84 85	<del></del>	135	<del>                                     </del>
36	86		136	
37 38	87		137	
39	88 89	<del>+                                    </del>	138	- - -
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46	96		146	<del></del>

If more than 150 claims or 10 actions staple additional sheet here

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